

Frequently Asked Questions About H1N1 Flu

10/07/09

Q: What is the normal incubation period?

A: Typically, 2 – 3 days after communication, but it may extend to 7 days with some individuals.

Q: When does an infected person become contagious?

A: Generally, 24 hours, but sometimes up to 48 hours, before the onset of symptoms.

Q: How long is an infected person contagious?

A: Most individuals remain contagious for 3–5 days after symptoms present or until 24 hours after their last fever (unassisted by medication). That period is deemed to extend to 7 days for health care workers and individuals who work with more vulnerable populations (children younger than 5 years old; pregnant women; people of any age with chronic medical conditions such as pulmonary disease, asthma, diabetes, neuromuscular disorders, or heart disease; and people 65 years of age and older).

Q: Can state agencies refuse to serve a customer who manifests symptoms of H1N1?

A: Generally, no, but agencies can post notices asking infected customers to return home and obtain services via available means that avoid significant face-to-face contact.

Q: How can we protect our employees from infected customers?

A: In addition to providing training on proper hygiene, social distancing, and other preventive measures, agencies can post signs for employees and customers directing those with symptoms to return home until they are healthy. Agencies may also provide hand sanitizers for employees and customers. Disinfectants may also be provided for sanitizing work areas.

Q: Can managers/supervisors send employees home who appear to be sick, or have flu symptoms?

A: Yes. Department management may send an employee with flu symptoms home and encourage the employee to remain home until he/she has been symptom-free for 24 hours without the use of fever-

reducing medications. Because the department is requiring the employee to go home, the employee shall be granted administrative leave for the remainder of that day. Prior to sending the employee home, management shall consult with their assigned HR manager. The decision to send an employee home should be made in conjunction with current public health recommendations of the Utah Department of Health and the individual department's emergency response plan. Depending on circumstances, the employee may also qualify for leave under the Family and Medical Leave Act (FMLA) and may choose to exercise his/her rights under this Act.

Q: When is it safe for infected employees to return to work?

A: Employees with flu-like symptoms should stay home for at least 24 hours after they no longer have a fever of 100 degrees Fahrenheit (38 degrees Celsius) or signs of a fever, such as chills, excessive warmth, a flushed appearance, or sweating. This assessment should be made without the use of fever-reducing medications that contain ibuprofen or acetaminophen.

Q: Can managers/supervisors require employees without symptoms to stay home if they've just returned to the U.S. or other areas from locations which have confirmed cases of H1N1?

A: No. All 50 states have confirmed and/or probable H1N1 flu cases. Because the virus has been confirmed or is probable in all states, including Utah, requiring an employee returning from another state or country with confirmed cases is not an effective method for reducing the spread of the virus. Managers/supervisors should focus on encouraging employees to take proper precautions to prevent the spread of the virus, such as cleaning their hands frequently, covering their mouths and noses when sneezing or coughing, and staying home when they are sick.

Q: What should an agency do when it knows an employee has been off work to care for a loved one with H1N1?

A: Unless the employee is known to be symptomatic, the employee should not be prevented from coming to work.

Q: What if a healthy employee refuses to come to work due to fear of contagion?

A: Absent a known, significant threat, these employees should be directed to report to work, unless they elect to use available annual, comp, or excess leave. Where there is a known, significant threat of

exposure, agencies or an employee should address their concerns on a case-by-case basis with their HR representative.

Q: What if an employee insists on returning to work when management suspects s/he may still be symptomatic or contagious?

A: Management should send an employee with evident flu symptoms home; however, according to DHRM, management must extend administrative leave to the employee for work hours missed that first day, and the employee must use his/her accrued leave for all subsequent days. If the employee subsequently insists on returning before his/her symptoms have resolved, management should consult with HR representatives and follow consistent practices.

Q: What should we do when an infected employee has run out of leave?

A: Under existing DHRM Rules, agency management has discretion to grant leave with out pay. Depending on the circumstances, the employee may qualify for leave protection under the FMLA and may choose to exercise his rights under this Act. Management may also opt to allow an employee to telecommute.

Q: Should agencies extend leave from a sick leave bank to assist infected employees?

A: DHRM Rules grant that discretion to agencies, which are expected to have policies and procedures in place relative to sick leave bank. All agencies that provide sick leave bank should work with their HR manager to ensure that their policies and procedures contemplate the application of this benefit in the event of a pandemic.

Q: What information can be communicated to an infected employee's co-workers?

A: Absent a voluntary release from the subject employee, all information about the medical condition or history of an employee must be collected and maintained on separate forms and in separate files and be treated as a confidential medical record.

Q: Should agencies provide personal protective equipment (masks, gloves, etc.)?

A: Agencies may adopt the recommendations of the CDC, which encourages the provision of effective hand sanitizers and disinfectants. Except for health care workers, whose employers must furnish protective equipment, an agency is not required to

provide masks or gloves for its employees; however, employees may be permitted to furnish and wear their own masks, gloves, etc.

Q: Can agencies make employees wear masks or isolate them from other workers if they appear to be sick or have family members who are sick, or have been to places with confirmed H1N1 cases?

A: Unless an employee works in a setting where a mask is normally required or required due to patient care guidelines, the answer is no. An employee may voluntarily choose to wear a mask. In these situations, the Department of Health recommends that there be visible signage to inform the public that the employee is not required to wear a mask but has made a personal choice to do so.

Q: Are hand sanitizers effective against H1N1?

A: To be effective, hand sanitizers must have an alcohol content of 60% or greater.

Q: If an agency authorizes telecommuting, must it provide ADA accommodations to qualified employees in their homes?

A: If an employee with a disability needs the same accommodation at a telecommute site that s/he had at the workplace, the employer should provide that accommodation, absent undue hardship. In the event of an undue hardship, the employer and employee should cooperate to identify an alternative reasonable accommodation.